COMPLAINT OF DISCRIMINATION

NAME _____ AID TYPE _____

ADDRESS _____ CASE NUMBER _____

_____ AREA CODE

_____ PHONE ( ) _____

I believe I have been discriminated against on the basis of:

( ) RACE ( ) NATIONAL ORIGIN ( ) RELIGION ( ) MARITAL STATUS

( ) SEX ( ) COLOR ( ) DISABILITY ( ) AGE

( ) POLITICAL AFFILIATION

NAME OF PERSON WHO DISCRIMINATED	TITLE	DATE OF OCCURRENCE	PLACE OF OCCURRENCE AND AGENCY

Describe in your own words what action(s) have happened to lead you to believe you have been discriminated against.

Indicate what resolution you are seeking.

I understand the above information is true and complete to the best of my knowledge and belief.

COMPLAINANT'S SIGNATURE DATE